



REGISTRATION REQUEST FORM

PARENT/GUARDIAN NAME: _____
(First) (M.I.) (Last)

ADDRESS: _____
(City) (Zip Code)

PHONE: Home () _____ Work () _____ Cell () _____

EMAIL ADDRESS: _____

PARTICIPANT'S NAME: _____
(First) (M.I.) (Last)

PARTICIPANT'S DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

Photo Release: I hereby give permission to the City of Glendale and the Glendale Parks & Open Space Foundation to use my or my children's photographs as they see fit for their recreation brochure, City website, or program advertising. I understand the photographs belong to the City of Glendale and I will not receive payment of any kind.

Parent/Guardian Signature: _____

GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT
GLENDALE PARKS & OPEN SPACE FOUNDATION
GO! PROGRAM

MEDICAL INFORMATION ABOUT MY CHILD

Child's Name: _____ Date of Birth: _____ Age: _____
First Middle Last

Home Address: _____
Street City Zip Code

Home Telephone: (_____) _____

Parent or Guardian Name: _____
First Middle Last

Relationship to Child (please mark "x"): _____ Mother _____ Father _____ Guardian

Day Telephone: (_____) _____ Evening Telephone: (_____) _____

Cell Telephone: (_____) _____ Pager: (_____) _____

Emergency Contact Person (Other than Parent or Guardian): _____
First Middle Last

Relationship: _____

Address: _____
Street City Zip Code

Day Telephone: (_____) _____ Evening Telephone: (_____) _____

Cell Telephone: (_____) _____ Pager: (_____) _____

List child's medical conditions/problems: _____

List all medications child is taking: _____

List child's allergies to medicines or foods: _____

List any additional, important, or useful information about your child: _____

Name of Child's Physician:	Address:	Telephone:
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HMO/Medical Insurance Company:	Policy or Plan Number:	Telephone:
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Dated

Signature of PARENT OR GUARDIAN

GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT
GLENDALE PARKS & OPEN SPACE FOUNDATION
GO! PROGRAM

EMERGENCY MEDICAL CARE AUTHORIZATION

As the parent or legal guardian of _____, I am responsible
(Child's full name)

for making the decisions about medical and dental care for my child, and I am authorized to consent to medical and dental treatment on my child's behalf.

If my child needs immediate medical attention during this program, and if I or the "Emergency Contact Person" (the adult who is listed on the Medical Information form) cannot be contacted, this Emergency Medical Authorization ("this Authorization") will serve as my consent and permission to any:

- 1) examination by X-ray or other imaging device;
- 2) medical, dental, anesthetic, or surgical diagnosis or treatment; and
- 3) emergency or hospital care

that my child may need, upon the advice, and under the general or special supervision, of any physician, dentist, or surgeon who is licensed to practice under California's laws. By this Authorization, my child may receive emergency care, treatment, and services at the doctor's office, or at any California licensed hospital or emergency care facility. Further, I agree to fully pay all charges for my child's emergency medical treatment.

I understand that I am giving this Authorization (a) in advance of any specific examination, diagnosis, treatment, or care that my child may need, and (b) so that doctors can give my child emergency medical care and treatment which, in the exercise of their best judgment, they may deem advisable for my child.

I represent that this Authorization, based on California's Family Code Sections 6901, 6902, 6903, and 6910, is legally sufficient and that no other consent or permission from any other person is required by law. This Authorization will be valid, and will remain in effect, during my child's participation in Seasonal Day Camp activities and while my child receives emergency medical care.

Dated

Signature of PARENT OR GUARDIAN

CITY OF GLENDALE
COMMUNITY SERVICES & PARKS DEPARTMENT
2015 "GO! Program" – Outdoor Recreational Activities Program

**PARENT'S / GUARDIAN'S:
RELEASE OF LIABILITY & INDEMNITY AGREEMENT**

I, _____, the parent/guardian of _____, acknowledge that my child has voluntarily applied to participate in the "GO! Program!"— a morning of outdoor recreational activities co-sponsored by the City of Glendale's Community Services & Parks Department ("the City") and the Glendale Parks & Open Space Foundation ("the Foundation") on Saturday, April 4, 2015, from 8:00 a.m. until 1:00 p.m. My child will travel to and from the event site in a Foundation-provided van or bus.

I understand and agree that my child's event will take place outdoors— at Deukmejian Wilderness Park— and that the outdoor recreational activities will include, but are not limited to: outdoor games, nature crafts, interpretive hikes, and environmental education.

Participating in outdoor recreational activities and riding in a vehicle have risks, including (but not limited to) the risk of: a vehicle accident; tripping, falling, colliding with objects or people; fatigue or exhaustion; dehydration; cold or hot weather conditions; insect or animal bites; poisonous plants; sunburn; cuts or scrapes; pain or soreness; broken bones; or death.

I understand and acknowledge that while my child is participating in the "GO! Program," my child will be under the adult supervision of a member from the City's Community Services & Parks Department, as well as volunteer adult chaperones. I agree to provide my child with protective body clothing, closed-toe shoes, sunscreen, and other appropriate apparel. I represent that my child is: (1) in good physical condition and emotional health; (2) not suffering from any condition, disease, or disability that can hinder or endanger my child's participation in outdoor recreational activities; and (3) qualified to participate in outdoor recreational activities.

PLEASE INITIAL: _____.

I UNDERSTAND THAT OUTDOOR RECREATIONAL ACTIVITIES ARE PHYSICALLY DEMANDING, CAN BE DANGEROUS, AND HAVE A RISK OF INJURY OR DEATH. I AM FULLY AWARE THAT MY CHILD IS VOLUNTARILY PARTICIPATING IN ONE OR MORE OF THESE OUTDOOR RECREATIONAL ACTIVITIES, WITH MY KNOWLEDGE OF THE INHERENT RISKS AND HAZARDS INVOLVED. I HEREBY AGREE TO ACCEPT ON MY CHILD'S BEHALF ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE.

PLEASE INITIAL: _____.

AS LAWFUL CONSIDERATION for the City's and the Foundation's permitting my child to participate in, and to be transported to and from, the outdoor recreational activities, I HEREBY AGREE that I, my child, our heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE the City, the Foundation, their officers, agents, or employees for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by the City, the Foundation— or by any officer, agent, or employee of the City, the Foundation— as a result of my child's participation in, and transportation to and from, the outdoor recreational activities.

In addition, I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND) the City, the Foundation, their officers, agents, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS that I, my child, our heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of my participation in, and transportation to and from, the outdoor recreational activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN MYSELF (AND ON MY CHILD'S BEHALF), THE CITY, AND THE FOUNDATION; AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS AGREEMENT WILL REMAIN IN EFFECT AT ALL TIMES DURING THIS YEAR WHILE MY CHILD PARTICIPATES IN THE GO! PROGRAM! ACTIVITIES.

Dated

Signature of Parent or Guardian

Home Address

City, State, Zip Code

Home Telephone Number

Staff Initials _____

Business Telephone Number _____